

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000081815

1. Entity Name
MATTHEW RICHARD LLC



Principal Place of Business
4352 WATKINS ST
PEA RIDGE, FL 32571 SR

Mailing Address
4352 WATKINS ST
PEA RIDGE, FL 32571 SR

2. Principal Place of Business - No P.O. Box #
4352 WATKINS ST

3. Mailing Address
4352 WATKINS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PACE FL

City & State
PACE FL

Zip
32571

Country
SR

Zip
32571

Country
SR

03192007 REIN-LLC CR2E101 (1/07)

4. FEI Number
2

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, MATTHEW M
4352 WATKINS ST
MILTON, FL 32571

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Matthew Richard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICHARD, MATTHEW M
4353 WATKINS ST
PEA RIDGE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100095253601
03/29/07--01057--019 **205.00
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
REINSTATEMENT 06-07
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Matthew Richard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/07

Date

Daytime Phone #

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

